

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011881
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 580 Registrar's No. 796

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Frontenac		c. CITY OR TOWN Frontenac 4400	
c. FULL NAME OF (If NOT in hospital, give location) 10310 Donoho Place		d. STREET ADDRESS (If outside, give location) 10310 Donoho Place	
3. NAME OF DECEASED (Type or print) ELIZABETH RUHL		4. DATE OF DEATH Month March Day 22 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Cook	9. AGE (In years last birthday) 85
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Stock		13b. MOTHER'S MAIDEN NAME Elizabeth Mertz	
14. NAME OF HUSBAND OR WIFE William Ruhl, Dec'd.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495-30-7972		17. INFORMANT Wm. Ruhl, 2500 Belleme, Maplewood, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (b) WITH CEREBRAL ARTERIOSCLEROSIS DUE TO (c) ASSOCIATED ENCEPHALOMALACIA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x			INTERVAL BETWEEN ONSET AND DEATH 3 yrs 3 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - Month, Day, Year -		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis County, Mo.	
21. I attended the deceased from July 56 to MARCH 22 '59 and last saw her alive on MARCH 21, 1959 Death occurred at 12:10 p.m. March 22, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED 3-23-59
22a. SIGNATURE Robert E. Cook (Degree or title) M.D.		22b. ADDRESS 35 N. CENTRA -	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/25/59	
23c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Thomas H. Bopp, Inc. - Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 3-25-59 REGISTRAR'S SIGNATURE John P. Murphy, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be stated.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Francis J. W. [Signature]*

Licensed Embalmer No. *4572*

P. O. Address *Richmond, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.